

NETWORK MEMBERSHIP APPLICATION

AFFILIATE MEMBER

NN/LM Middle Atlantic Region
New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029
(212) 822-7396

Name of person completing this (*please print*) _____

Title _____ Email address _____

Telephone () _____ Fax () _____

Library Name _____

Address _____

City _____ State _____ Zip _____

County _____ U.S. Congressional District _____

Reference phone # () _____ Reference fax # () _____

ILL phone # () _____ ILL fax # () _____

Name of primary contact _____

Title _____

Email address _____ Phone # () _____

Reference Contact _____ Email address _____

ILL Contact _____ Email address _____

Does your library have access to the World Wide Web? Yes ☐ No ☐

Home page URL for Library _____

Do you have an OCLC code? Yes ☐ No ☐ If yes, what is your OCLC code _____

Please list any consortia and/or library groups of which your library is a member _____

Please return this form either by mail or fax to: NN/LM Middle Atlantic Region,
New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029.
Telephone: (212) 822-7396 Fax: (212) 534-7042 <http://nnlm.gov/mar>